

**Exhibit D**

**FAX COVER SHEET**

Account Number



9299

*(This page should be returned to us with your completed financial analysis form)*

To: Loss Mitigation

From:

Sulind Rocio Pichard

Fax to: 1-866-709-4744 or mail to: Loss Mitigation  
2711 North Haskell Avenue  
Dallas TX 75204

**The following documentation must be included to determine eligibility:**

- **Financial Analysis Form**
- **Signed letter explaining the cause of default or imminent (future) default; sometimes known as a hardship letter**
- **Copies of your two most recent pay stubs (for each borrower on the loan), OR, if self-employed, a current income statement, balance sheet, statement of owner's equity, and a 6-month profit and loss statement**

**Additional items required if you are requesting a sale of your property:**

- ☐ **Copy of listing agreement**
- ☐ **Copy of the sales contract**
- ☐ **Copy of the estimated Settlement Statement (HUD 1) if available**
- ☐ **Signed "third party authorization" form (see final page of this document) if you want us to speak to your Real Estate Agent**

**LOSS MITIGATION**  
**2711 North Haskell ave**  
**Dallas Texas 75204**

03/06/09

To: loan modification dept.  
Loan number [REDACTED] 9299

**Att; loan officers; Please be advised that we are in a financial situation which according to the federal agencies qualifies us for a loan reduction a interest modification.**

**Enclosed you may find social security income verification for me my wife & kids, due to My disability, Please note this is a permanent disability not temporary.**

**Therefore we are requesting a loan & interest reduction. We will not resort to the sale of our home as the solution for our situation, as the government has made it possible to request Loan & interest reduction based on conditions provides to you.**

**To date our family have made it possible to make payments, by personal loans but we cannot depend, entirely on this, so please process our request.**

**We are sorry for the inconvenience.**

**Thank you.**

**Julio & rocio pichardo**

*Julio Rocio Pichardo*

Monthly Expenses	Monthly Payment	Balance Owed
First Mortgage	\$ 1584.50	\$ 184,070.69
Other Mortgages or Liens (2 <sup>nd</sup> Mortgage or Line of Credit)	\$ ACCRUED	\$ 85000.00
Alimony/Child Support	\$	\$
Homeowner's Association Dues	\$	\$
Property Taxes (if not included in your mortgage escrow account)	\$ TNC	\$
Homeowners/Flood/Wind Insurance (if not included in your mortgage escrow account)	\$	\$
Health Insurance (if not already deducted from your net monthly income)	\$ MEDICAL/MEDICAL	\$
Medical Expenses	\$ MEDICALS + MEDICAL	\$
Child/Dependent Care	\$	\$
Credit Card or Installment Loan	\$ 200.00	\$ 8,000.00
Credit Card or Installment Loan	\$	\$
Credit Card or Installment Loan	\$	\$
Student Loans/Personal Loan	\$	\$
Automobile Loan	\$ 250.00	\$ 7,000.00
Automobile Loan	\$	\$
Food/Household Supplies	\$ 80.00	\$
Water/Sewer/Utilities	\$ 95.00	\$
Automobile Expenses (Gasoline/Insurance)	\$ 80.00	\$
Phone(s) Cable, Internet	\$ 30.00	\$
Other (explain)	\$	\$

**FINAL INSTRUCTIONS:**

Please review the financial analysis forms to make sure they are correct and be sure to include:

- copies of pay stubs
- hardship letter

Please sign, date, and return this form. Fax to 1-866-709-4744 or mail to Loss Mitigation, 2711 North Haskell Ave, Dallas TX 75204.

I understand the financial information being provided is true and accurate to the best of our knowledge, and will be used by the lender and/or insurer of the mortgage to analyze my options with respect to the mortgage. I further understand and acknowledge that any action taken by the lender and or the insurer of my mortgage on my behalf will be made in strict reliance on the financial information I provided herein. **I understand by signing this form, I am authorizing you as the Lender to obtain a credit report.**

Borrower Ricardo Pichardo  
Borrower Felix Pichardo

Date \_\_\_\_\_  
Date \_\_\_\_\_

